Self-managed superannuation fund annual return

2017

WHO SHOULD COMPLETE THIS ANNUAL RETURN?

Only self-managed superannuation funds (SMSFs) can complete this annual return. All other funds must complete the Fund income tax return 2017 (NAT 71287).

The Self-managed superannuation fund annual return instructions 2017 (NAT 71606) (the instructions) can assist you to complete this annual return.

Is this an amendment to the SMSF's 2017 return?

Is this the first required return for a newly registered SMSF?

TO COMPLETE THIS ANNUAL RETURN

- Print clearly, using a BLACK pen only.
- Use BLOCK LETTERS.
- Place X in ALL applicable boxes.

| 01: | Λ. | F | :£. | |
|---------|----|----------|------|---------|
| Section | A: | Funa | INTO | rmation |

| S | ection A: Fund information | To assist processing, v | vrite the fund's |
|-----|--|--|------------------|
| 1 | Tax file number (TFN) | TFN at the top of pages 3 | |
| | The ATO is authorised by law to request your TFN. You are not obliged to quote could increase the chance of delay or error in processing your annual return. See the | e your TFN but not quoting e Privacy note in the Declar | it ation. |
| 2 | Name of self-managed superannuation fund (SMSF) | | |
| 3 | Australian business number (ABN) (if applicable) | | |
| 4 | Current postal address | | |
| Sub | purb/town | State/territory | Postcode |
| 5 | Annual return status | | |

A No

B No

Yes

Yes

| 6 SMSF auditor Auditor's name Title: Mr Mrs Miss Ms Other Family name | | | |
|--|-------------------|-----------------|----------|
| First given name | Other given names | | |
| SMSF Auditor Number Auditor's phone r | number | | |
| Postal address | | | |
| Suburb/town | | State/territory | Postcode |
| Date audit was completed A Month | Year | | |
| Was Part B of the audit report qualified? B No | Yes | | |
| If the audit report was qualified, have the reported compliance issues been rectified? | C No Yes | | |
| 7 Electronic funds transfer (EFT) | | | |

We need your self-managed super fund's financial institution details to pay any super payments and tax refunds owing to you.

A Financial institution details for super payments and tax refunds

You must provide the financial institution details of your fund's nominated super account. If you would like your fund's tax refunds paid to a different account, you can provide additional financial institution details at **B**.

Fund BSB number (must be six digits)

Fund account number

Fund account name (for example, J&Q Citizen ATF J&Q Family SF)

B Financial institution details for tax refunds only

If you would like your fund's tax refunds paid to a different account, provide additional financial institution details. Tax refunds cannot be paid to a trustee's personal account. (See relevant instructions.)

BSB number (must be six digits)

Account number

Account name (for example, J&Q Citizen ATF J&Q Family SF)

C Electronic service address alias

We will use your electronic service address alias to communicate with your fund about ATO super payments.

| 8 | Status of | f SMSF | Australian superani | nuation fund | A No | Yes | Fund benefit structur | re B Code | Э | |
|----|---|---|---|------------------|-------------|-----------------|---|------------------|---|--|
| | | Does the the Gove | fund trust deed allow ac ernment's Super Co-cont Low Income Super C | ribution and | C No | Yes | | | | |
| 9 | Was the | fund wou | und up during the inc | come year? | | | | | | |
| | No Y | | yes, provide the date on hich the fund was wound | up / | Month / | Year | Have all tax lodgment and payment obligations been met? | No Yes | | |
| 10 | Exempt of | current p | ension income | | | | | | | |
| | Did the fun | nd pay an ir | ncome stream to one or | more members | s in the in | come year? | | | | |
| | | | exemption for current per empt current pension inco | | | pay at least th | ne minimum benefit paymer | nt under | | |
| | No) | Go to Secti | on B: Income. | | | | | | | |
| | Yes D | Exempt cur | rent pension income am | ount A \$ | | | | | | |
| | ٧ | Which method did you use to calculate your exempt current pension income? | | | | | | | | |
| | Segregated assets method B | | | | | | | | | |
| | Unsegregated assets method C Was an actuarial certificate obtained? D Yes | | | | | | | | | |
| | Did the fund have any other income that was assessable? | | | | | | | | | |
| | E Yes | Go to S | ection B: Income. | | | | | | | |
| | No | | | | | | ncluding no-TFN quoted co complete Section B: Income | | | |
| | | | ed to claim any tax offset Income tax calculation s | | | | | | | |

Section B: Income

Do not complete this section if your fund was in **full** pension phase for the **entire year** and there was **no** other income that was assessable. If you are entitled to claim any tax offsets, you can record these at Section D: Income tax calculation statement.

| • | , | | | | |
|--|---|-------------------------------------|---|---|--------|
| | ave a capital gains tax event during the year? | G No | Yes | If the total capital loss or total capital gain is greater than \$10,000 complete and attach a Capital gains tax (CGT) schedule 2017. | |
| 6 | Have you applied an exemption or rollover? | M No | Yes | | |
| | | Net cap | oital gain | A \$ | |
| Gro | oss rent and other leasi | ing and hiring | g income | B \$ | |
| | | Gross | s interest | C \$ | |
| | Forestry | managed inv | vestment e income | X \$ | |
| Gross fore | ign income | | | | Loss |
| D1 \$ | | Net foreigr | n income | D \$, | |
| Australian fra | inking credits from a Ne | ew Zealand o | company | E \$ | Number |
| | | | fers from gn funds | F \$ | Number |
| | Gı | ross paymen ABN no | ts where t quoted | H \$ | Loss |
| Calculation of assess Assessable emplo | | Gross dis | | 1\$ | L033 |
| R1 \$ | | *Unfranked | dividend amount | J\$ | |
| plus Assessable perso | onal contributions | *Franked | | K \$ | |
| plus #*No-TFN-quote | ed contributions | *Dividend | | L\$ | |
| R3 \$ (an amount must be | included even if it is zero) | | oss trust | M \$ | Code |
| less Transfer of liability company | | | essable | | |
| R6 \$ | G1 1 G1 | contr (R | ibutions 11 plus R2 3 less R6) | R | |
| Calculation of non-a *Net non-arm's length priv U1 \$ | - | *Othe | r income | s \$ | Code |
| plus*Net non-arm's leng | th trust distributions | *Assessable due to cha statu: | | T \$ | |
| plus *Net other non-an | m's length income | | on-arm's income % tax rate) 2 plus U3) | U \$ | |
| #This is a mandatory label. | | GROSS I (Sum of label | | w | Loss |
| *If an amount is entered at this label, | Exempt cu | rrent pensior | n income | Y | |
| check the instructions to ensure the correct tax treatment has | TOTAL ASSESSABI | LE INCOME (W less Y) | W | | Loss |
| been applied. | | | | | |

Page 4

Section C: Deductions and non-deductible expenses

12 Deductions and non-deductible expenses

Under 'Deductions' list all expenses and allowances you are entitled to claim a deduction for. Under 'Non-deductible expenses', list all other expenses or normally allowable deductions that you cannot claim as a deduction (for example, all expenses related to exempt current pension income should be recorded in the 'Non-deductible expenses' column).

| | DEDUCTIONS | | NON-DEDUCTIBLE EXPENSES | |
|--|--|------|-------------------------------|------|
| Interest expenses within Australia | A1 \$ | | A2 \$ | |
| Interest expenses overseas | B1 \$ | | B2 \$ | |
| Capital works expenditure | D1 \$ | | D2 \$ | |
| Decline in value of depreciating assets | E1 \$ | | E2 \$ | |
| Insurance premiums – members | F1 \$ | | F2 \$ | |
| Death benefit increase | G1 \$ | | | |
| SMSF auditor fee | H1 \$ | | H2 \$ | |
| Investment expenses | I1 \$ | | I2 \$ | |
| Management and administration expenses | J1 \$ | | J2 \$ | |
| Forestry managed investment scheme expense | U1 \$ | Code | U2 \$ | Code |
| Other amounts | L1 \$ | | L2 \$ | |
| Tax losses deducted | M1 \$ | | | |
| | TOTAL DEDUCTIONS | | TOTAL NON-DEDUCTIBLE EXPENSES | 1 |
| | N \$ | | Y \$ | |
| | (Total A1 to M1) | | (Total A2 to L2) | |
| | *TAXABLE INCOME OR LOSS | Loss | TOTAL SMSF EXPENSES | |
| | o \$ | | z \$ | |
| #This is a mandatory label. | (TOTAL ASSESSABLE INCOME /ess TOTAL DEDUCTIONS) | | (N plus Y) | |

Section D: Income tax calculation statement

#Important:

Section B label R3, Section C label O and Section D labels A,T1, J, T5 and I are mandatory. If you leave these labels blank, you will have specified a zero amount.

13 Calculation statement

Please refer to the Self-managed superannuation fund annual return instructions 2017 on how to complete the calculation statement.

#Tax on taxable T1 \$

#Tax on taxable T1 \$

#Tax on no-TFN-quoted J\$

#Tax on no-TFN-quoted J\$

Gross tax **B** \$

contributions

(T1 plus J)

(an amount must be included even if it is zero)

Foreign income tax offset

C1 \$

Rebates and tax offsets

Non-refundable non-carry forward tax offsets

C2 \$

(C1 plus C2)

SUBTOTAL 1

T2 \$

(B less C - cannot be less than zero)

Early stage venture capital limited partnership tax offset

D1\$

Early stage investor tax offset

Non-refundable carry forward tax offsets

D2\$

(D1 plus D2)

SUBTOTAL 2

T3 \$

(T2 less D - cannot be less than zero)

Complying fund's franking credits tax offset

E1\$

No-TFN tax offset

E2\$

National rental affordability scheme tax offset

E3\$

Exploration credit tax offset Refundable tax offsets

E4\$

E\$

(E1 plus E2 plus E3 plus E4)

*TAX PAYABLE **T5**\$

(T3 less E - cannot be less than zero)

Section 102AAM interest charge

G\$

Credit for interest on early payments amount of interest

H1\$

Credit for tax withheld – foreign resident withholding (excluding capital gains)

H2\$

Credit for tax withheld - where ABN or TFN not quoted (non-individual)

H3\$

Credit for TFN amounts withheld from payments from closely held trusts

H5\$

Credit for interest on no-TFN tax offset

H6\$

Credit for amounts withheld from foreign resident capital gains withholding

H8\$

Eligible credits

H\$

(H1 plus H2 plus H3 plus H5 plus H6 plus H8)

*Tax offset refunds

(Remainder of refundable tax offsets)

1\$

(unused amount from label **E** – an amount must be included even if it is zero)

PAYG instalments raised

K\$

Supervisory levy

Supervisory levy adjustment for wound up funds

Supervisory levy adjustment for new funds

AMOUNT DUE OR REFUNDABLE

A positive amount at **S** is what you owe, while a negative amount is refundable to you.

S\$

(T5 plus G less H less I less K plus L less M plus N)

*This is a mandatory label.

Section E: Losses

14 Losses

If total loss is greater than \$100,000, complete and attach a Losses schedule 2017.

Tax losses carried forward to later income years

Net capital losses carried **V** \$ forward to later income years

Section F: Member information

In Section F report all current members in the fund at 30 June. Use Section G to report any former members or deceased members who held an interest in the fund at any time during the income year. **MEMBER 1** Title: Mr Ms Other Family name First given name Other given names Day Month Member's TFN Date of birth See the Privacy note in the Declaration. Contributions OPENING ACCOUNT BALANCE \$ Refer to instructions for completing these Employer contributions A\$ labels. ABN of principal employer A1 Personal contributions **B**\$ CGT small business retirement exemption CGT small business 15-year exemption amount **D** \$ Personal injury election **E**\$ Spouse and child contributions Other third party contributions Assessable foreign superannuation fund amount Non-assessable foreign superannuation fund amount Transfer from reserve: assessable amount **L**\$ Transfer from reserve: non-assessable amount Contributions from non-complying funds **T**\$ and previously non-complying funds Any other contributions (including Super Co-contributions and Low Income Super Contributions) TOTAL CONTRIBUTIONS N \$ Loss Other transactions Allocated earnings or losses **O** \$ Inward rollovers and transfers Outward rollovers and transfers Q\$ Code Lump Sum payment R1 \$ Code Income stream payment R2 \$

S\$

CLOSING ACCOUNT BALANCE

Section H: Assets and liabilities 15 ASSETS Listed trusts A \$ 15a Australian managed investments Unlisted trusts **B** \$ Insurance policy C\$ Other managed investments **D** \$ 15b Australian direct investments Cash and term deposits **E**\$ Limited recourse borrowing arrangements Debt securities **F** \$ Australian residential real property Loans G \$ **J1**\$ Australian non-residential real property Listed shares **H** \$ **J2**\$ Unlisted shares | \$ Overseas real property **J3**\$ Limited recourse J \$ borrowing arrangements Australian shares J4 \$ Non-residential real property **K** \$ Overseas shares Residential **J5**\$ real property Collectables and personal use assets **M** \$ Other **J6**\$ Other assets **O** \$ 15c Overseas direct investments Overseas shares **P** \$ Overseas non-residential real property Q \$ Overseas residential real property R\$ Overseas managed investments **\$**\$ Other overseas assets **T** \$ TOTAL AUSTRALIAN AND OVERSEAS ASSETS U\$ (Sum of labels A to T) 15d In-house assets Did the fund have a loan to, lease to \$ Yes or investment in, related parties (known as in-house assets) at the end of the income year? 15e Limited recourse borrowing arrangements If the fund had an LRBA were the LRBA Yes borrowings from a licensed financial institution? Did the members or related parties of the Yes fund use personal guarantees or other security for the LRBA?

16 LIABILITIES

Borrowings for limited recourse borrowing arrangements

V1 9

Permissible temporary borrowings

V2\$

Other borrowings

V3\$

Borrowings V \$

Ф

Total member closing account balances (total of all **CLOSING ACCOUNT BALANCE**s from Sections F and G)

W \$

Reserve accounts X \$

Other liabilities Y \$

TOTAL LIABILITIES **Z** \$

Section I: Taxation of financial arrangements

17 Taxation of financial arrangements (TOFA)

Total TOFA gains **H** \$

Total TOFA losses | \$

Section J: Other information

Family trust election status

If the trust or fund has made, or is making, a family trust election, write the four-digit **income year specified** of the election (for example, for the 2016–17 income year, write **2017**).

If revoking or varying a family trust election, print **R** for revoke or print **V** for variation, and complete and attach the *Family trust election, revocation or variation 2017.*

Interposed entity election status

If the trust or fund has an existing election, write the earliest income year specified. If the trust or fund is making one or more elections this year, write the earliest income year being specified and complete an *Interposed entity election or revocation 2017* for each election.

If revoking an interposed entity election, print **R**, and complete and attach the *Interposed entity election or revocation 2017*.

| Section K: Declarations | | | | | | |
|---|---|--|--------------------------------|-----------------------------|----------------------------|----------------------------|
| Penalties may be imposed for false or misleading information in addition to | penalties r | elating | to a | ny tax | shortf | alls. |
| Important Before making this declaration check to ensure that all income has been disclosed and the a any additional documents are true and correct in every detail. If you leave labels blank, you we label was not applicable to you. If you are in doubt about any aspect of the annual return, plateriacy The ATO is authorised by the Taxation Administration Act 1953 to request the provision of taxidentify the entity in our records. It is not an offence not to provide the TFN. However if you deform may be delayed. Taxation law authorises the ATO to collect information and disclose it to other government acting to ato.gov.au/privacy | vill have speace all the f ace all the f x file numb o not provi | ecified acts be ers (TF ide the | a zer efore 'Ns). TFN | the AT We wil , the p | unt or t O. I use th | he TFN to ng of this |
| TRUSTEE'S OR DIRECTOR'S DECLARATION: I declare that current trustees and directors have authorised this annual return and it is a law received the audit report and I am aware of any matters raised. I declare that the any attached schedules and additional documentation is true and correct. I also authorise nominated bank account (if applicable). Authorised trustee's, director's or public officer's signature | informatio | n on th | nis ar | nnual r | eturn, | including |
| Authorised trastees, directors or public officers signature | Date | Day | / | Month | / | Year |
| Preferred trustee or director contact details: | J | | , | | , | |
| Title: Mr Mrs Miss Ms Other Family name | | | | | | |
| First given name Other given names | | | | | | |
| Phone number Email address | | | | | | |
| Non-individual trustee name (if applicable) | | | | | | |
| ABN of non-individual trustee | | | | | | |
| Time taken to prepare and complete this annual return | H | Irs | | | | |
| The Commissioner of Taxation, as Registrar of the Australian Business Register, myou provide on this annual return to maintain the integrity of the register. For further info | ay use the ermation, r | e ABN efer to | and the | busine instruc | ess det etions. | ails which |
| TAX AGENT'S DECLARATION: I declare that the Self-managed superannuation fund annual return 2017 has been prepared in accordance with information provided by the trustees, that the trustees have given me a declaration stating that the information provided to me is true and correct, and that the trustees have authorised me to lodge this annual return. Tax agent's signature | | | | | | |
| | Date | Day | / | Month | / | Year |
| Tax agent's contact details | | | | | | |
| Title: Mr Mrs Miss Ms Other Family name | | | | | | |
| First given name Other given names | | | | | | |

Tax agent's practice

Tax agent's phone number

Postal address for annual returns: Australian Taxation Office, GPO Box 9845, IN YOUR CAPITAL CITY

Reference number

Tax agent number

PART A

Electronic Lodgment Declaration (Form P, T, F, SMSF or EX)

This declaration is to be completed where the tax return is to be lodged via an approved ATO electronic channel. It is the responsibility of the taxpayer to retain this declaration for a period of five years after the declaration is made, penalties may apply for failure to do so.

Privacy

The ATO is authorised by the Taxation Administration Act 1953 to request the provision of tax file numbers (TFNs). The ATO will use the TFNs to identify each partner or beneficiary or entity in our records. It is not an offence not to provide the TFNs. However, you cannot lodge your tax return electronically if you do not quote your TFN.

Taxation law authorises the ATO to collect information and disclose it to other government agencies, including personal information about the person authorised to sign the declaration. For information about privacy go to ato.gov.au/privacy

The Australian Business Register

The Commissioner of Taxation, as Registrar of the Australian Business Register, may use the ABN and business details which you provide on this tax return to maintain the integrity of the register.

Please refer to the privacy statement on the Australian Business Register (ABR) website (www.abr.gov.au) for further information - it outlines our commitment to safeguarding your details.

Electronic funds transfer - direct debit

Declarations I declare that

Where you have requested an EFT direct debit some of your details will be provided to your financial institution and the Tax Office's sponsor bank to facilitate the payment of your taxation liability from your nominated account.

Tax File Number Name of Partnership, Trust, Fund or Entity Year

I authorise my tax agent to electronically transmit this tax return via an approved ATO electronic channel.

Important

Before making this declaration please check to ensure that all income has been disclosed and the tax return is true and correct in every detail. If you are in doubt about any aspect of the tax return, place all the facts before the Tax Office. The tax law provides heavy penalties for false or misleading statements on tax returns.

| PART B | | | | | | | |
|-----------------|--|------------------------|------|---|---|--|--|
| Signature of Pa | artner, Trustee, or | | Date | 1 | 1 | | |
| | is true and correct; and the agent is authorised to | lodge this tax return. | | | | | |
| • | the information provided to the agent for the preparation of this tax return, including any applicable schedules | | | | | | |
| Deciaration. | i deciare mat. | | | | | | |

ELECTRONIC FUNDS TRANSFER CONSENT

This declaration is to be completed when an electronic funds transfer (EFT) of a refund is requested and the tax return is being lodged through an approved ATO electronic channel.

This declaration must be signed by the partner, trustee, director or public officer prior to the EFT details being transmitted to the Tax Office. If you elect for an EFT, all details below must be completed.

Important: Care should be taken when completing EFT details as the payment of any refund will be made to the account specified.

Agent's reference number

Account name

| I authorise the refund to be deposited directly to the specified account | | | | | | |
|--|--|------|---|---|--|--|
| Signature | | Date | 1 | / | | |

PART D

Tax Agent's Certificate (shared facilities only)

I declare that:

- I have prepared this tax return in accordance with the information supplied by the partner, trustee, director or public officer
- I have received a declaration made by the entity that the information provided to me for the preparation of this tax return is true and correct; and

| I am authorised by the | ne partner, trustee, director or public officer to lodge this tax return, inclu | ding any ap | plicable sche | edules. | |
|------------------------|---|-------------|---------------|---------|--|
| Agent's signature | | Date | 1 | 1 | |
| Contact name | CI | ient Refere | nce | | |
| Agent's Phone Num | ber Agent's Refe | erence Nun | nber | | |